PART B - FEE(S) TRANSMITTAL

Complete 200

send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FRE

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmirting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance Res will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (New: Use Black (for any change of address)

7590

10/31/2006

CHRISJAME6 David L. Hauser **EDWARDS LIFESCIENCES LLC** ONE EWARDS WAY **TRVINE, CA 92614**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Cartificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for financiass mail in an envelope addressed to the Mail Stop ISSUE FEE address/above, or being facsimile transmitted to the USPTO (371) 273-2885, on the fact indicated below.

	· · · · · · · · · · · · · · · · · · ·
Melissa Sanchez //	(Depositor's nume)
Weliain SK	(Signature)
Décember 22, 2006 /	(Days)
	10-7

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/775.677 02/05/2001 Jen Otto Sofem JM-050 CIP 3473

TITLE OF INVENTION: METHOD AND DEVICE FOR TREATMENT OF MITRAL INSUFFICIENCY

APPLN, TYPE	SWALL ENTITY	issue pee due	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	51400	5300	so	\$1700	01/31/2007
EXAM	AINER	ARTUNIT	CLASS-SUBCLASS			
ISABELL	A, DAVID J	3738	623-002370			
Change of correspondence address or indication of "Fee Address" (37 FR 163). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) anached. Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number Is required.		2. For printing on the parties of up to or agents OR, alternative	3 registered natent arrams	David L	. Hauser	

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Edwards Lifesciences AG

Saint-Prex, Switzerland

	· • - ·
Please check the appropriate assignee category or categories (will not b	e printed on the patent): 🔲 Individual 🐯 Corporation or other private group entity 🚨 Government
4a. The following foe(s) are submitted: It issue Feo Publication Fee (No small entity discount permitted) Advance Order - # of Copies	4b. Paymem of Fee(s): (Please first reapply any previously paid lesue fee shown above) ☐ A check is enclosed. ☐ Paymem by credit end. Porm PTO-2038 is anached. ☐ The Director is hereby authorized to charge the required foo(s), any deficiency, or credit may overpayment, to Deposit Account Number 50-1225 (enclose an extra capy of this form).
5. Change in Entity Status (from status indicated above) 2. Applicant claims SMALL ENTITY status. See 17 CFR 1.27. NOTE: The faste For and Publication Fee (if required) will not be accessing the status of the United States Potent and Tradem	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CPR 1.27(g)(2). pted from anyone other than the applicant; a registered anomey or agent; or the assignce or other party in lark Office.
Authorized Signature David L. Hauser	Date 12/22/06 Registration No. 42,643

This collection of information is required by 37 CFR 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete, including guinering, preparing, and submydring the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or surgestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0013

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 1/2 * RCVD AT 12/22/2006 6:49:40 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-3/0 * DNIS:2732885 * CSID:19492506885 * DURATION (mm-ss):01

501225 00000051 12/26/2008 TTRAN2

33 88